

EXHIBIT

“13B”

[REDACTED]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

=====X

[REDACTED]
Plaintiff(s),

-against-

[REDACTED]
Defendant(s).

=====X

To the above named defendant(s):

YOU ARE HEREBY SUMMONED to answer the complaint in this action and to serve a copy of your answer, or, if the complaint is not served with this summons, to serve a notice of appearance on the Plaintiff's Attorneys within 20 days after the service of this summons exclusive of the day of service (or within 30 days after the service is complete if this summons is not personally delivered to you within the State of New York); and in case of your failure to appear or answer, judgment will be taken against you by default for the relief demanded herein.

Dated: New York, New York
January 9, 2023



PETER MAY, ESQ.
SUBIN ASSOCIATES LLP
Attorneys for Plaintiff
Address and Telephone Number
150 Broadway – 23rd Fl
New York, New York 10038
(212) 285-3800
FILE NO.: 32576

Defendants Address:

[REDACTED]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

VERIFIED COMPLAINT

Plaintiff(s),

-against-

Defendant(s).

Plaintiff, [REDACTED], by her attorneys SUBIN ASSOCIATES LLP as and for

a cause of action alleges, upon information and belief, as follows:

**AS AND FOR A CAUSE OF ACTION
ON BEHALF OF PLAINTIFF LETICIA ROSARIO
AGAINST THE DEFENDANT A2E INC.**

1. That at all the times herein mentioned, and more particularly 11/02/2020, West 160th Street, was and still is a public roadway in the Borough of Manhattan, County of New York, City and State of New York which consisted of a roadway, curb and sidewalks thereat.
2. That said sidewalks were public thoroughfares along and over which the public at large had a right to walk.
3. That at all the times herein mentioned, the defendant [REDACTED] was and still is a corporation doing business in the State of New York.
4. That at all the times herein mentioned, the defendant [REDACTED] was the owner of the premises located at 422 West 160th Street, New York, New York.

5. That at all the times herein mentioned, the defendant [REDACTED] its agents, servants and/or employees operated the aforementioned premises and the abutting sidewalks.
6. That at all the times herein mentioned, the defendant [REDACTED] its agents, servants and/or employees maintained the aforementioned premises and the abutting sidewalks.
7. That at all the times herein mentioned, the defendant [REDACTED] its agents, servants and/or employees managed the aforementioned premises and the abutting sidewalks.
8. That at all the times herein mentioned, the defendant [REDACTED] its agents, servants and/or employees controlled the aforementioned premises and the abutting sidewalks.
9. That at all the times herein mentioned, it was the duty of the defendant, its agents, servants and/or employees to keep and maintain said sidewalks.
10. That on or about 11/02/2020, while plaintiff was lawfully walking on the aforementioned sidewalks was precipitated and caused to fall and sustain multiple injuries by reason of the negligence, carelessness and want of proper care of the defendant, its agents, servants and/or employees.
11. That the said incident and resulting injuries to the plaintiff were caused through no fault of her own but were solely and wholly caused by reason of the negligence of the defendants, their agents, servants and/or employees in that the defendant suffered, caused and/or permitted and/or allowed portions of said sidewalks, to be, become and remain in a dangerous, defective, hazardous, unsafe, broken, cracked, uneven, holey, chipped, depressed, raised, unsmooth, loose condition and was negligently and/or improperly maintained, and same was otherwise so dangerous, hazardous, and/or unsuitable for use by persons lawfully upon the sidewalks constituting a nuisance and a trap, and permitting same to be and remain in such a dangerous and defective condition for a long period

and/or unreasonable period of time; in improperly causing, suffering, permitting and/or allowing improper construction of said sidewalks and in failing to properly maintaining said sidewalks, in permitting and allowing defective repairs on said sidewalks, in failing to apprise and/or warn the public and in particular the plaintiff of the aforementioned conditions; in failing to place signs, barricades, warnings and/or other devices to apprise persons of the dangerous, unsafe condition thereof; in generally maintaining said sidewalks in such a dangerous defective and/or unsafe condition so as to cause the incident herein complained of; in creating and maintaining a menace, hazard, nuisance and trap thereof; in failing to comply with the laws, statutes, ordinances and regulations made and provided therefor. Plaintiff further relies on the doctrine of Res Ipsa Loquitur.

12. That this action falls within one or more of the exceptions set forth in CPLR 1602.

13. That by reason of the foregoing, plaintiff was caused to sustain serious, harmful and permanent injuries, has been and will be caused great bodily injuries and pain, shock, mental anguish; has been and is informed and verily believes maybe permanently injured; has and will be prevented from attending to usual duties; has incurred and will incur great expense for medical care and attention; in all to plaintiff's damage in an amount which exceeds the jurisdictional limits of all lower courts which would otherwise have jurisdiction and which warrants the jurisdiction of this Court.

WHEREFORE, plaintiff demands judgment against the defendants in an amount which exceeds the jurisdictional limits of all lower courts and which warrants the jurisdiction of this Court; together with the costs and disbursements of this action.

DATED: New York, New York
January 9, 2023

Yours, etc.



PETER MAY, ESQ.
SUBIN ASSOCIATES, LLP
Attorneys for Plaintiffs
150 Broadway
New York, New York 10038
(212) 285-3800

Index No:

**SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK**

=====

[REDACTED]

Plaintiff(s),

-against-

[REDACTED]

Defendant(s).

=====

SSUMMONS AND VERIFIED COMPLAINT

=====

SUBIN ASSOCIATES LLP

Attorneys for Plaintiff
Office and Post Office Address, Telephone
150 Broadway – 23rd Fl
New York, New York 10038
(212) 285-3800
File No.: 32576

[REDACTED]
SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

-----X

Plaintiff,

VERIFIED BILL OF
PARTICULARS

Index No.: [REDACTED]

-against-

[REDACTED]
Defendant.

-----X

Plaintiff, LETICIA ROSARIO as and for her Bill of Particulars in response to the demands of defendant(s), by her attorney, upon information and belief, respectfully alleges:

1. Plaintiff's full name: [REDACTED]
2. Plaintiff's date of birth [REDACTED]
3. Plaintiff will provide his social security number off the record at his deposition or you can call plaintiff's attorney to obtain it sooner.
4. Plaintiff presently resides at [REDACTED]
[REDACTED] and same at the time of the occurrence.
5. The incident occurred on 11/2/2020 at approximately 8:00 P.M.
6. The incident occurred inside the premises located at 422 West 160th Street, New York, New York 10032.
7. That the said incident and resulting injuries to the plaintiff were caused through no fault of her own but were solely and wholly caused by reason of the negligence of the defendants, their agents, servants and/or employees in that the defendant suffered, caused and/or permitted and/or allowed portions of said sidewalks, to be, become and remain in a dangerous, defective, hazardous, unsafe, broken, cracked, uneven, holey, chipped, depressed, raised, unsmooth, loose condition and was negligently and/or improperly maintained, and same was otherwise so dangerous, hazardous, and/or unsuitable for use by

persons lawfully upon the sidewalks constituting a nuisance and a trap, and permitting same to be and remain in such a dangerous and defective condition for a long period and/or unreasonable period of time; in improperly causing, suffering, permitting and/or allowing improper construction of said sidewalks and in failing to properly maintaining said sidewalks, in permitting and allowing defective repairs on said sidewalks, in failing to apprise and/or warn the public and in particular the plaintiff of the aforementioned conditions; in failing to place signs, barricades, warnings and/or other devices to apprise persons of the dangerous, unsafe condition thereat; in generally maintaining said sidewalks in such a dangerous defective and/or unsafe condition so as to cause the incident herein complained of; in creating and maintaining a menace, hazard, nuisance and trap thereat; in failing to comply with the laws, statutes, ordinances and regulations made and provided therefor. Plaintiff further relies on the doctrine of Res Ipsa Loquitur.

8. The Court will take judicial notice of any and all applicable, statutes, laws, rules, regulations and/or ordinances, violated by the defendant at the trial of this action, including but not limited to the New York City Administrative Code, Section 7-210; New York City Administrative Code, Sections 19-152(a), 19-152(a)(4), 19-152(a)(7) and 19-152(a)(8), and New York City Department of Transportation Highway Rules Title 34, Chapter 2, Section 2-09(f)(1), 2-09(f)(4)(viii), 2-09(f)(5)(iv), 2-09(f)(5)(vii) and 2-09(f)(5)(viii). The plaintiff reserves the right to allege additional violations as may become apparent based on the evidence adduced at trial.
9. Vicarious liability: Refer to #7.
10. Refer to #5.
- 11.-12. Defective and/or dangerous condition: Objection. Improper demand for a Bill of Particulars per CPLR §3043(a).
- 13.-16. Both actual and constructive notices are claimed. Actual notice in that the defendant, its agents/defendants, their agents, servant and/or employees created and/or had actual knowledge of the complained of condition. Defendants further had actual notice of a dangerous

recurring condition. Constructive notice in that the complained of condition existed for a long and unreasonable period of time under the circumstances. Defendants further had constructive notice of each specific reoccurrence of the condition.

17. The following injuries were caused as a result of the defendant's negligence:

LEFT WRIST:

- Tear of the peripheral foveal insertion of the triangular fibrocartilage with joint effusion;
- Derangement;
- Sprain;
- Tenderness;
- Discomfort;
- Marked restriction of range of motion;

LUMBAR SPINE:

- Disc bulge L5-S1 impinging upon the anterior epidural fat and thecal sac;
- Intervertebral disc displacement;
- Disc derangements;
- Sprain;
- Radiculopathies;
- Paresthesias;
- Stiffness and tenderness;
- Trigger point;
- Marked restriction of range of motion;

CERVICAL SPINE:

- Disc derangements;
- Sprain;
- Radiculopathies;
- Stiffness and tenderness;
- Marked restriction of range of motion;

LEFT SHOULDER:

- Tear of the anterior superior labrum;
- Derangement;
- Stiffness and tenderness;
- Discomfort;
- Marked restriction of range of motion;

LEFT HIP:

- Derangement;

- Trochanteric bursitis;
- Tenderness;
- Marked restriction of range of motion;

OTHER:

- Pain down left leg;
- Dizziness;
- Headache;
- Difficulty in sleeping;

All injuries are permanent and progressive in nature except those of a superficial nature. Plaintiff may also develop arthritis.

Above injured areas may require future surgery.

Above injured areas may develop post-traumatic arthritis

Additionally, in the event that the injuries to the plaintiff were superimposed upon any pre-existing conditions which may have contributed to the extent and severity of her injuries and rendered her more prone or susceptible to further injury, then such pre-existing conditions or susceptibility, if any, were aggravated, activated, precipitated, accelerated and acted upon by the injuries sustained by her in the subject occurrence.

18. -19. Pre-existing injury: Not applicable.

20. (a). Length of time partially disabled: Plaintiff was partially disabled for approximately one year after the accident.

(b). Length of time totally disabled: Plaintiff was totally disabled for a period approximately six (6) months after the accident.

21. (a). Hospital: Plaintiff was confined to New York Presbyterian Hospital, 650 West 168th Street, New York, New York 10032 on 11/2/2020

(b). Bed: Plaintiff was confined to bed for approximately one (1) year after the accident.

(c). Home: Plaintiff was confined to house for approximately one (1) year after the accident.

22. (a)-(b). Name and address of employer: Not applicable.

23. Plaintiff is self-employed as Entertainer Dancer.

24. Total amounts claimed as special damages to Plaintiff are in the fair and reasonable and approximate amounts as follows:


- (a). Loss of earnings: Not applicable.
- (b). Impairment of future earning capacity: To be provided at a later date.
- (c). Physician expenses: Approximately \$10,000 and continuing
- (d). Physical therapist expenses: To be provided at a later date.
- (e). Hospital expenses: Approximately \$5,000
- (f). Nurses and/or home health care aide expenses: To be provided at a later date.
- (g). Prescription medication expenses: To be provided at a later date.
- (h). Other special damages: To be provided at a later date.

25. Collateral source, state the name and address of the source: Fidelis Care, 95-25 Queens Boulevard #812 Rego Park, New York 11374

The amount paid: Not in Plaintiff's possession.

PLEASE TAKE NOTICE, that the Plaintiff expressly reserves the right to supplement and/or amend the within Bill of Particulars as to injuries and/or damages claimed herein up to and including the time of trial of this action.

Dated: New York, New York
February 27, 2023

Yours, etc.,

SUBIN ASSOCIATES, LLP
Attorneys for Plaintiff
150 Broadway, 23rd Floor
New York, New York 10038
(212) 285-3800

Kevin H. Weiner, M.D.
Felix Karafin, M.D.
All Boro Medical Rehabilitation
369 E 149th St,
Bronx, NY 10455
(718) 676-6151

Date: 10/22/2021

Name: [REDACTED]

History of Present Illness: This is a lady who still presents here with lower back pain predominantly affecting her left lower extremity as well as pain and discomfort in the left shoulder and the left wrist. The patient had a long break in the therapy because of the family matters. She had to travel overseas and stayed there for several months but right now, she is back and she is concerned about future employability and, overall, at 26-year-old, she has almost constant pain in the back and the shoulder. She previously was evaluated by the hand orthopedist because of the TFCC tear and was told to try steroid injections and if it will not work, possibly to have surgery but the patient is afraid of the needles and right now, does not know how to proceed. I will arrange her followup with the hand orthopedist regarding it.

Physical Examination:

Upper extremities-her left shoulder is limited mostly on internal rotation. The patient states that she has difficulties to place her arm in the sleeve and it is always awkward for her. The patient also has positive Hawkins' sign. Otherwise, range of motion is preserved. The patient has some apprehension on the terminal abduction and external rotation but negative clunk test.

Lumbar spine-reveals lumbar flexion within 80 degrees but positive straight-leg raising on the left and not on the right. Pattern of paresthesias is at L5-S1.

Plan: At this point, I will restart the patient at the physical therapy. I will refer the patient for EMG of the lower extremities to figure out if she is radiculopathic because the lumbar MRI revealed only bulging disk at L5-S1 level. I also will consider to refer the patient to the orthopedist regarding the left shoulder where she was found to have labrum tear despite the patient wants to address her left wrist first. She will be followed with me for EMG within two to three weeks.

Felix Karafin, M.D.
Pain Management
Board Certified Physical Medicine and Rehabilitation
Dictated but not read

Kevin H. Weiner, M.D.
Felix Karafin, M.D.
All Boro Medical Rehabilitation
369 E 149th St,
Bronx, NY 10455
(718) 676-6151

Date: 11/16/2020

Name: [REDACTED]

History of Present Illness: This is a 29-year-old right-handed female who, around 10 days ago, tripped and fell on uneven sidewalk which caused her to fall face-forward more towards the left side. Despite the patient did not hit her head, she stated impact was severe enough to cause dizziness and nausea. The patient, as a result sustained injury to the left hip, left wrist as well as started to experience pain and stiffness in the neck and lower back. She was taken by ambulance to Columbia Presbyterian where she was observed, no radiological studies were done and the patient was prescribed Xanax because she was overwhelmed with the situation. The patient stated that since discharged from the hospital, she still experiences significant amount of pain in above-mentioned areas and the only way to control it, she does it with marijuana.

Past Medical History: The patient, otherwise, has medical history significant for scoliosis.

Past Surgical History: C-section.

Medications: None except for previously prescribed Xanax.

Allergies: No allergies.

Social History: Negative for smoking, drinking, or illicit drugs except for occasional THC.

Family History: Noncontributory. The patient previously worked for InstaCar but, right now, is on unemployment due to the coronavirus.

Review of Systems: Negative for changes in the bowel and bladder or constitutional signs.

Physical Examination: She is alert and oriented x3, not in immediate distress. Examination of the cranial nerves II through XII reveals no abnormalities.

Cervical spine-reveals restricted cervical extension within 30 degrees and forward flexion within 35 degrees, right and left lateral flexion within 15 degrees, and rotation only within 60 degrees. Despite the patient is young, she cannot touch any of her shoulders with the chin. The patient also has pain exacerbated by axial loading on the head on eliciting Spurling sign bilaterally. Tender palpation over the bilateral scalene and extending into rhomboid muscles. No scapular winging on examination despite pain extends interscapular region.

Lumbar spine-reveals scoliosis with rotational component pronounced on the left lower thoracic and lumbar region with curvature mostly in the thoracolumbar region. She is tender on palpation over the

bilateral iliocostalis lumborum and limited in lumbar flexion to only 50 degrees. Positive slump more pronounced on the left side and not on the right.

Lower extremities-examination of the left hip reveals limitations on internal and on flexion and external rotation. She is tender on palpation from the lateral aspect of gluteus muscle on insertion to the femoral head. The patient states that she could not walk because of the left hip for almost three days and right now, her situation is slightly better. She is still hip hiking to the extent but no gross Trendelenburg sign.

Impression: Based on the clinical presentation, the patient suffers from sequelae of the fall with sustained cervical and lumbar sprain with disk derangements, radiculopathies cannot be excluded. I cannot exclude upper thoracic region involvement despite cervical radiculopathy can give similar pattern of pain. The patient also sustained injury to the left wrist which on the clinical examination, is painful on ulnar aspect of the wrist with mild piano key sign over the ulnar styloid and pain on ulnar deviation which is suggestive for TFCC tear as well as left hip derangement which is clinically suspicious for possible labrum injury.

Plan: The patient will start physical therapy to address abovementioned issues. I will refer the patient for the MRI of the left wrist and the left hip because she may require more specialized treatment based on the clinical presentation. The patient will be followed with me within several weeks and based on the results of the physical therapy on the neck and the lower back, I will decide if she needs additional diagnostic workup.

Felix Karafin, M.D.
Pain Management
Board Certified Physical Medicine and Rehabilitation
Dictated but not read

Kevin H. Weiner, M.D.
Felix Karafin, M.D.
All Boro Medical Rehabilitation
369 E 149th St,
Bronx, NY 10455
(718) 676-6151

Date: 02/26/2021

Name: [REDACTED]

History of Present Illness: This is a followup for this female who had an MRI of the left wrist revealed tear of the peripheral foveal insertion of the triangular fibrocartilage. MRI of the left hip is reported as normal. The patient is also complaining of back pain. He has difficulty doing activities of daily living.


Physical Examination: She is alert and oriented x3, pleasant, and cooperative.

Upper extremities—examination of the left wrist revealed limited range of motion. Flexion was 65/90 degrees, extension 50/70 degrees, abduction 15/25 degrees, and adduction 50/65 degrees. Motor strength with wrist extension and flexion were 4/5.

Lumbar spine—she had a limited range of motion of the lumbar spine at 55/90 degrees and extension 10/25 degrees. There is pain on the quadratus lumborum.

Lower extremities—examination of the left hip revealed limited range of motion. Flexion to 110 degrees, internal rotation 30 degrees, external rotation 35 degrees.

Recommendations: Due to her persistent pain, she is to obtain an MRI of the lumbar spine. She is to follow up with a hand specialist regarding her wrist.



Kevin H. Weiner, M.D.
Pain Management
Board Certified Physical Medicine and Rehabilitation
Dictated but not read

Kevin H. Weiner, M.D.
Felix Karafin, M.D.
All Boro Medical Rehabilitation
369 E 149th St,
Bronx, NY 10455
(718) 676-6151

Date: 03/12/2021

Name: [REDACTED]

History of Present Illness: This is a followup for this female who was scheduled for MRI of her lumbar spine on Thursday. The patient also complains of neck pain and left shoulder. The patient has difficulty doing overhead activity and difficulty sleeping, when she rolls over, the pain increases.


Physical Examination:

Cervical spine—she has limited range of motion of the cervical spine. Flexion 40 degrees, extension 40 degrees, lateral flexion 35/40 degrees, and rotation 60 degrees bilaterally.

Upper extremities—examination of the left shoulder revealed limited range of motion. Flexion to 160 degrees, abduction 150 degrees, internal rotation was 55 degrees, and external rotation was 50 degrees. Examination of the left wrist revealed pain on the medial and lateral joint line. Flexion was 70/90 degrees, extension 50/70 degrees, abduction 20/25 degrees, and adduction 50/65 degrees.

Lumbar spine—she has limited range of motion of the lumbar spine at 55/90 degrees, extension 15/25 degrees. Pain along bilateral sciatic notch. Triggers in the gluteus minimus and maximus.

Recommendations: Due to her persistent symptoms, she is to obtain an MRI of the lumbar spine and left shoulder. She is to continue with her therapy. She is to follow up with a hand specialist.



Kevin H. Weiner, M.D.
Pain Management
Board Certified Physical Medicine and Rehabilitation
Dictated but not read

**THOMAS M. KOLB, M.D.**257 West 34th Street • New York, NY 10001
P: 212-602-1900 • F: 646-666-0669 • RX@KolbRadiology.com**Patient:** [REDACTED]
Date of Birth: [REDACTED]
Phone: [REDACTED]
MRN: [REDACTED]
Date of Exam: 05-07-2021Exam requested by:
KEVIN WEINER MD
369 EAST 149TH ST, 3rd FL
BRONX NY 10455**EXAM: MRI-SHOULDER WITHOUT CONTRAST LEFT****TECHNIQUE:** Coronal proton density and coronal proton density fat saturated images as well as sagittal proton density fat saturated images and axial proton density T1 and fat saturated images were obtained in a 1.5 tesla.**INDICATIONS:** Status post trauma**FINDINGS:** The rotator cuff tendons are intact with no evidence of tear or tendinosis

The acromioclavicular joint is normal

The marrow signal is normal with no fracture or osteochondral defect

There is no os acromiale.

The extra-articular segment of the biceps tendon is normally located and intact.

There is blunting of the anterior superior labrum with associated joint effusion indicating a tear.

Remainder of the labrum is unremarkable

IMPRESSION: Tear of the anterior superior labrum. Joint effusion

Thank you for the opportunity to participate in the care of this patient.

Kolb, Thomas, MD
Electronically Signed: 05-08-2021 10:20 PM

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Midtown Manhattan
257 West 34th St.
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237 East 149th St.
Bronx, NY 10451Central Bronx
2430 Davidson Ave, 2nd FL
Bronx, NY 10498North Bronx
3199 Bainbridge Ave.
Bronx, NY 10467

Page 1 of 1

**THOMAS M. KOLB, M.D.**257 West 34th Street • New York, NY 10001
P: 212-602-1900 • F: 646-666-0669 • RX@KolbRadiology.com**Patient:** [REDACTED]
Date of Birth: [REDACTED]
Phone: [REDACTED]
MRN: [REDACTED]
Date of Exam: 05-07-2021Exam requested by:
KEVIN WEINER MD
262 NELSON AVE
STATEN ISLAND NY 10308**EXAM: MRI-SPINE LUMBAR WITHOUT CONTRAST****TECHNIQUE:** T1, proton density and T2-weighted sagittal, as well as T1 and T2*-weighted axial and sagittal images of the lumbar spine were obtained in a closed 1.5 tesla magnet.**INDICATION:** Status Post Trauma**FINDINGS:** At L5-S1, there is a posterior disc bulge impinging upon the anterior epidural fat and thecal sac. The neural foramina and exiting nerve roots unremarkable

At L4-L5, there is no disc bulge or herniation. The neural foramina and exiting nerve roots are unremarkable.

At L3-L4, there is no disc bulge or herniation. The neural foramina and exiting nerve roots are unremarkable.

At L2-L3, there is no disc bulge or herniation. The neural foramina and exiting nerve roots are unremarkable.

At L1-L2, there is no disc bulge or herniation. The neural foramina and exiting nerve roots are unremarkable.

The discs are of normal height.

The marrow signal and conus medullaris are unremarkable.

There is no fracture or listhesis.

IMPRESSION: Disc bulge L5-S1 impinging upon the anterior epidural fat and thecal sac

Thank you for the opportunity to participate in the care of this patient.

Kolb, Thomas, MD
Electronically Signed: 05-08-2021 10:21 PM

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**THOMAS M. KOLB, M.D.**257 West 34th Street • New York, NY 10001
P: 212-602-1900 • F: 646-666-0669 • RX@KolbRadiology.com**Patient:** [REDACTED]
Date of Birth: [REDACTED]
Phone: [REDACTED]
MRN: [REDACTED]
Date of Exam: 12-15-2020Exam requested by:
FELIX KARAFIN MD
369 EAST 149TH ST, 3RD FLOOR
BRONX NY 10455**EXAM: MRI-HIP WITHOUT CONTRAST LEFT****TECHNIQUE:** Coronal proton density and proton density fat saturated images, sagittal proton density fat saturated and axial proton density fat saturated images were obtained in a 1.5 tesla magnet.**INDICATION:** Status Post Trauma**FINDINGS:** The marrow signal is normal with no fracture or osteochondral defect.

There is a normal sphericity of the femoral head.

The anterior, posterior, abductor and adductor musculature is unremarkable.

The origin hamstring tendons is unremarkable.

The femoroacetabular labrum is intact with no evidence of a tear.

There are no soft tissue masses or fluid collections.

IMPRESSION: Normal MRI of the left hip

Thank you for the opportunity to participate in the care of this patient.

Kolb, Thomas, MD
Electronically Signed: 12-16-2020 10:10 AM

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**THOMAS M. KOLB, M.D.**257 West 34th Street • New York, NY 10001
P: 212-602-1900 • F: 646-666-0669 • RX@KolbRadiology.comPatient: [REDACTED]
Date of Birth: [REDACTED]
Phone: [REDACTED]
MRN: [REDACTED]
Date of Exam: 12-15-2020Exam requested by:
FELIX KARAFIN MD
369 EAST 149TH ST, 3RD FLOOR
BRONX NY 10455**EXAM: MRI-WRIST WITHOUT CONTRAST LEFT****TECHNIQUE:** Coronal fast spin echo T1 and proton density fat saturated images, axial T1 and proton density fat saturated images as well as sagittal T2 fat saturated weighted images were obtained in a 1.5 tesla magnet.**INDICATION:** Status Post Trauma**FINDINGS:** The marrow signal is normal with no fracture or osteochondral defect.

The scapholunate and lunotriquetral ligaments are intact. There is a normal carpal alignment.

There is a tear of the peripheral foveal insertion of the triangular fibrocartilage with associated joint effusion.

The distal radioulnar joint is normal.

The flexor and extensor tendons are intact. There is no evidence of a tear.

The median nerve is of normal size and signal.

The remainder of the intrinsic and extrinsic ligaments are unremarkable.

IMPRESSION: Tear of the peripheral foveal insertion of the triangular fibrocartilage. Joint effusion

Thank you for the opportunity to participate in the care of this patient.

Kolb, Thomas, MD
Electronically Signed: 12-16-2020 10:09 AM

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Page 1 of 1

Kevin H. Weiner, M.D.
Felix Karafin, M.D.
All Boro Medical Rehabilitation
369 E 149th St,
Bronx, NY 10455
(718) 676-6151

Date: 11/16/2020

Name: [REDACTED]

History of Present Illness: This is a 29-year-old right-handed female who, around 10 days ago, tripped and fell on uneven sidewalk which caused her to fall face-forward more towards the left side. Despite the patient did not hit her head, she stated impact was severe enough to cause dizziness and nausea. The patient, as a result sustained injury to the left hip, left wrist as well as started to experience pain and stiffness in the neck and lower back. She was taken by ambulance to Columbia Presbyterian where she was observed, no radiological studies were done and the patient was prescribed Xanax because she was overwhelmed with the situation. The patient stated that since discharged from the hospital, she still experiences significant amount of pain in above-mentioned areas and the only way to control it, she does it with marijuana.

Past Medical History: The patient, otherwise, has medical history significant for scoliosis.

Past Surgical History: C-section.

Medications: None except for previously prescribed Xanax.

Allergies: No allergies.

Social History: Negative for smoking, drinking, or illicit drugs except for occasional THC.

Family History: Noncontributory. The patient previously worked for InstaCar but, right now, is on unemployment due to the coronavirus.

Review of Systems: Negative for changes in the bowel and bladder or constitutional signs.

Physical Examination: She is alert and oriented x3, not in immediate distress. Examination of the cranial nerves II through XII reveals no abnormalities.

Cervical spine-reveals restricted cervical extension within 30 degrees and forward flexion within 35 degrees, right and left lateral flexion within 15 degrees, and rotation only within 60 degrees. Despite the patient is young, she cannot touch any of her shoulders with the chin. The patient also has pain exacerbated by axial loading on the head on eliciting Spurling sign bilaterally. Tender palpation over the bilateral scalene and extending into rhomboid muscles. No scapular winging on examination despite pain extends interscapular region.

Lumbar spine-reveals scoliosis with rotational component pronounced on the left lower thoracic and lumbar region with curvature mostly in the thoracolumbar region. She is tender on palpation over the

bilateral iliocostalis lumborum and limited in lumbar flexion to only 50 degrees. Positive slump more pronounced on the left side and not on the right.

Lower extremities-examination of the left hip reveals limitations on internal and on flexion and external rotation. She is tender on palpation from the lateral aspect of gluteus muscle on insertion to the femoral head. The patient states that she could not walk because of the left hip for almost three days and right now, her situation is slightly better. She is still hip hiking to the extent but no gross Trendelenburg sign.

Impression: Based on the clinical presentation, the patient suffers from sequelae of the fall with sustained cervical and lumbar sprain with disk derangements, radiculopathies cannot be excluded. I cannot exclude upper thoracic region involvement despite cervical radiculopathy can give similar pattern of pain. The patient also sustained injury to the left wrist which on the clinical examination, is painful on ulnar aspect of the wrist with mild piano key sign over the ulnar styloid and pain on ulnar deviation which is suggestive for TFCC tear as well as left hip derangement which is clinically suspicious for possible labrum injury.

Plan: The patient will start physical therapy to address abovementioned issues. I will refer the patient for the MRI of the left wrist and the left hip because she may require more specialized treatment based on the clinical presentation. The patient will be followed with me within several weeks and based on the results of the physical therapy on the neck and the lower back, I will decide if she needs additional diagnostic workup.

Felix Karafin, M.D.
Pain Management
Board Certified Physical Medicine and Rehabilitation
Dictated but not read

ALL BORO MEDICAL REHABILITATION PLLC

Borough 360 East 140th Street Third Floor Bronx, NY 10455

Patient Name: [REDACTED]

DOI: _____

DOB: _____

Date: 04/28/2021

PT DAILY NOTES

Subjective:

pt c/o pain and stiffness on
① shoulder PS 6 / 10

Objective:

① tenderness gr 1 on the ① Deltoid, UIC

Assessment: Today's Improvements Include:

Pt tolerated tx:

Well

Fair

Plan:

Initiate PT

Continue PT

D/C PT

Valery Compres
Valery Compres Lic. 011272

Jasmin Faustino Lic. 029425

Body Part Treated: Treatments Received:

M25.519 Shoulder (L)

97162 Initial Evaluation

M25.529 Elbow

97002 Re-Evaluation

M25.539 Wrist

97014 E-Stim/TENS x 15 mins

M25.549 Hand

97035 US w/cm x mins

M25.559 Hip

97010 MHP/CP x 15 mins

M25.569 Knee

97018 Paraffin

M25.579 Foot/Ankle

97530 Thera Activities

M54.2 Cervical

97140 Manual Therapy

M54.5 Lumbar

97124 STM-MFR

M54.6 Thoracic

97110 Thera-ex x 15 mins

R07.89 Chest

97112 Neuromuscular re-educ./PNF

97140 Joint mobilization

ALL BORO MEDICAL REHABILITATION PLLC

Bronx 260 East 140th Street Third Floor Bronx, NY 10455

Patient Name: [REDACTED]

DOI: _____ DOB: _____

Date: 04/14/2021

PT DAILY NOTES

Subjective: Pt. cp pain on the @ Shoulder Area PS 6 / 10

Objective: Obj tenderness of the @ CMT, deltoid

Assessment: Today's Improvements Include:

Pt tolerated tx: Well Fair
Plan: Initiate PT Continue PT D/C PT

Valery Compres Lic. 011272

Jasmin Faustino Lic. 029425

Body Part Treated: Treatments Received:

<u>M25.519 Shoulder (u)</u>	97162 <u>Initial Evaluation</u>
<u>M25.529 Elbow</u>	97002 <u>Re-Evaluation</u>
<u>M25.539 Wrist</u>	97014 <u>E-Stim/TENS x 15 mins</u>
<u>M25.549 Hand</u>	97035 <u>US</u> <u>w/cm x</u> <u>mins</u>
<u>M25.559 Hip</u>	97010 <u>MHP/CP x 15 mins</u>
<u>M25.569 Knee</u>	97018 <u>Paraffin</u>
<u>M25.579 Foot/Ankle</u>	97530 <u>Thera Activities</u>
<u>M54.2 Cervical</u>	97140 <u>Manual Therapy</u>
<u>M54.5 Lumbar</u>	97124 <u>STM-MFR</u>
<u>M54.6 Thoracic</u>	97110 <u>Thera-ex x 15 mins</u>
<u>R07.89 Chest</u>	97112 <u>Neuromuscular re-educ./PNF</u>
	97140 <u>Joint mobilization</u>

ALL BORO MEDICAL REHABILITATION PLLC

Bronx 369 East 149th Street Third Floor Bronx, NY 10455

Patient Name: [REDACTED]

DOI: _____

DOB: _____

Date: 05/04/2021

PT DAILY NOTES

Subjective:

pt c/o and stiffness on @
Shoulder PS 5 / 10

Objective:

@ gr. tenderness on the @ Deltoid, UTC

Assessment: Today's Improvements Include:

Pt tolerated tx:

☒ Well

☐ Fair

Plan:

☐ Initiate PT

☒ Continue PT

☐ D/C PT

Valery Compres
Valery Compres Lic. 011272

Jasmin Faustin
Jasmin Faustin Lic. 029425

Body Part Treated: Treatments Received:

☒ M25.519 Shoulder @

97162 ☐ Initial Evaluation

☐ M25.529 Elbow

97002 ☐ Re-Evaluation

☐ M25.539 Wrist

97014 ☒ E-Stim/TENS x 15 mins

☐ M25.549 Hand

97035 ☐ US w/cm x _____ mins

☐ M25.559 Hip

97010 ☒ MHP/CP x 15 mins

☐ M25.569 Knee

97018 ☐ Paraffin

☐ M25.579 Foot/Ankle

97530 ☐ Thera Activities

☐ M54.2 Cervical

97140 ☐ Manual Therapy

☐ M54.5 Lumbar

97124 ☒ STM-MFR

☐ M54.6 Thoracic

97110 ☒ Thera-ex x 15 mins

☐ R07.89 Chest

97112 ☐ Neuromuscular re-educ./PNF

97140 ☐ Joint mobilization

ALL BORO MEDICAL REHABILITATION PLLC

Bronx 369 East 149th Street Third Floor Bronx, NY 10455

Patient Name: _____

DOI: _____

DOB: _____

Date: 05/19/2021

PT DAILY NOTES

Subjective: _____

Pt. c/p pain on the @ Shoulder area

PS 7 / 10

Objective: _____

Obj: tenderness of the @ cor, deltoid

Assessment: Today's Improvements Include:

Pt tolerated tx: _____

Well

Fair

Plan: _____

Initiate PT

Continue PT

D/C PT

Valery Compres Lic. 011272

Jasmin Faustino Lic. 029425

Body Part Treated: Treatments Received:

____ M25.519 Shoulder (u)

____ M25.529 Elbow

____ M25.539 Wrist

____ M25.549 Hand

____ M25.559 Hip

____ M25.569 Knee

____ M25.579 Foot/Ankle

____ M54.2 Cervical

____ M54.5 Lumbar

____ M54.6 Thoracic

____ R07.89 Chest

97162 ____ Initial Evaluation

97002 ____ Re-Evaluation

97014 ____ E-Stim/TENS x 15 mins

97035 ____ US ____ w/cm x ____ mins

97010 ____ MHP/CP x 15 mins

97018 ____ Paraffin

97530 ____ Thera Activities

97140 ____ Manual Therapy

97124 ____ STM-MFR

97110 ____ Thera-ex x 15 mins

97112 ____ Neuromuscular re-educ./PNF

97140 ____ Joint mobilization

McCulloch Orthopaedic Surgical Services, PLLC
110 DUANE STREET
MANHATTAN, NY 10007-9993

Phone: 212-355-5555

Fax: 877-992-0798

Patient Name: [REDACTED]

Gender: FEMALE

Age: 28 Year(s)

Address: [REDACTED]

Phone: [REDACTED]

Check in Date/Time: 6/28/2021 3:47:03 PM

Physician: STEVEN ORR, MD

Location: MOSS DU

Insurance: LIEN

Patient Report:

Initial Examination

CHIEF COMPLAINTS:

The patient is complaining about left wrist pain.

HPI:

28 y/o RHD female who presents with left wrist pain after a trip and fall on uneven pavement on 11/3/2020. The patient has been in physical therapy for injuries related to her spine from the same event, but she has not had any therapy targeted to the left wrist since the injury and denies prior left wrist symptoms or interventions before the recent fall. She bought a soft sleeve for the left wrist but has never had a rigid supportive wrist brace. She denies history of injections or surgeries to the left wrist. She denies numbness/tingling in the left hand/wrist. Pain worse with activity, especially lifting Pain ranges from 3-5 in left wrist.

PAST MEDICAL HISTORY:

Patient denies serious medical illnesses.

PAST SURGICAL HISTORY:

Reviewed and denied

ALLERGIES:

No known allergies to drugs or medications.

MEDICATIONS:

Patient denies taking any medication.

SOCIAL HISTORY:

No smoking

REVIEW OF SYSTEMS:

All systems reviewed and found non-contributory except for chief complaint above.

PHYSICAL EXAMINATION:

General: well-appearing, in no acute distress

Left wrist:

no gross deformity or edema
mild tenderness SL interval, ulnar fovea
DRUJ stable
scaphoid shift negative
no ulnar-sided wrist pain with forced ulnar deviation
mild central wrist pain with radial and ulnar deviation
full AROM wrist and all digits
SILT all digits
hand wwp

RADIOGRAPHIC STUDIES:

MRI left wrist dated 12/16/2020 demonstrates:

The marrow signal is normal with no fracture or osteochondral defect.

McCulloch Orthopaedic Surgical Services, PLLC
110 DUANE STREET
MANHATTAN, NY 10007-9993

Phone: 212-355-5555

Fax: 877-992-0798

Patient Name [REDACTED]

Gender: FEMALE

Age: 28 Year(s)

Address [REDACTED]

Phone: [REDACTED]

Check in Date/Time: 6/28/2021 3:47:03 PM

Physician: STEVEN ORR, MD

Location: MOSS DU

Insurance: LIEN

The scapholunate and lunotriquetral ligaments are intact. There is a normal carpal alignment. There is a tear of the peripheral foveal insertion of the triangular fibrocartilage with associated joint effusion. The distal radioulnar joint is normal. The flexor and extensor tendons are intact. There is no evidence of a tear. The median nerve is of normal size and signal. The remainder of the intrinsic and extrinsic ligaments are unremarkable.

I reviewed the imaging myself and agree with interpretation of minor TFCC tear.

ASSESSMENT AND PLAN:

28 y/o RHD female with left wrist injury sustained 11/3/2020 and small TFCC on left wrist MRI. Patient likely still experiencing symptoms related to left TFCC tear, left wrist sprain. I am recommending conservative measures at this time to including targeted therapy for the left wrist and hand (referral provided today) as well as left wrist cock-up brace to be worn every night for at least a month and during daytime for comfort as needed. Also recommend heat in mornings, cold in evenings, and acetaminophen and NSAIDs with food as needed. The patient will try these measures and return in 8 weeks for repeat evaluation, at which time I will offer corticosteroid injection to the left wrist if patient's symptoms have not improved to her satisfaction.

F/U 8 weeks

Digitally signed by: STEVEN ORR, MD

Sanford R. Wert, M.D., PC.
369 E149th street,
3rd Floor
Bronx, New York 10455
Telephone: 718-332-4747
Fax: 718-332-0414

Patient: [REDACTED]

Consultation Date: 12/6/2021

Telep [REDACTED]
[REDACTED]

Date of Accident: 11/3/2020

Occupation: Dancer- Not working

INITIAL REPORT

History: The patient is a 29 years old female who presented for an Orthopaedic evaluation. She is right-handed, has black hair, has brown eyes, weighs 120 lbs and is 4 feet and 11 inches tall. A history was offered by the patient that on 11/3/2020 she was involved in an accident. The patient states she tripped and fell on a defective sidewalk. As a result of the accident, the patient sustained injuries to the left shoulder, left wrist and left hip. Following the accident, the patient received initial care at NY Presbyterian Hospital, she was transported by ambulance and was subsequently released. The patient reports receiving subsequent care at All Boro Medical. An MRI was performed. Due to persistent complaints of pain and discomfort, as well as positive diagnostic findings, the patient received a referral for orthopedic evaluation in my office. The patient will be treated in my office for the left shoulder.

Present Complaints: Patient currently complaining of pain with movement and decreased range of motion in the left shoulder. Patient rates the pain as 9 out of 10.

The patient denies any similar symptoms prior to the accident.

Prior Medical Conditions: Denies pertinent medical history.

Prior Surgical History: C-section-2010.

Social History:

Tobacco: Current smoker; some days.

Alcohol: Never.

Drugs: Marijuana use.

Allergies:

No Known Drug Allergies

Medications:

Promethazine 1 x a day
Xanax tablet 1 x a day

Prior MVA(s): Denies.

Review of Systems:

Constitutional: Denies fatigue, fever, headaches.

Cardiovascular: Denies palpitations, chest pain.

Respiratory: Denies cough, difficulty breathing, breathing problems.

Gastrointestinal: Denies abdominal pain, nausea.

Testing and Results Review:

MRI of the left shoulder dated 4/13/2021:

Impression:

1. Supraspinatus and infraspinatus tendons demonstrate tendinosis/tendinopathy with heterogeneous intrasubstance signal abnormality distally.
2. Fluid tracking within the long head of the biceps tendon sheath consistent with tenosynovitis.
3. Trace fluid within the glenohumeral joint.
4. Bursal fluid collection within the subscapularis recess.
5. Hypertrophic changes of the AC joint, type II acromial configuration and ventrally downsloping acromion which abuts the bursal surface of the rotator cuff.

MRI of the left shoulder dated 5/7/2021:

Impression:

Tear of the anterior superior labrum.

Physical Examination:

Left Shoulder: Range of Motion: With pain, flexion 110 degrees [normal-180], Extension 50 degrees [normal -60], abduction 95 degrees [normal-180], adduction 30 degrees [normal-30] internal rotation 60 degrees [normal-70], external rotation 65 degrees [normal-90]

Hawkin's Test positive.

Apprehension Sign negative.

Supraspinatus Test negative.

Subscapularis Test positive.

O'Brien's Test positive.

Impingement Test can't do, due to pain.

Rotator Cuff Test is negative.

Diagnosis:

1. SLAP tear, left shoulder.

Causality: Based on the patient history and my clinical examination, it is definite that the accident on

the above-mentioned date was the competent producing cause of this patient's injuries and symptoms.

Treatment and Recommendations:

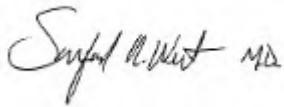
Surgery: The patient was recommended to consider arthroscopic surgery of the left shoulder due to patient's present and ongoing symptomatology, positive objective findings on examination, and unfavorable response to conservative treatment. The options, benefits, and risks associated with this procedure were discussed in great detail with the patient. The patient agreed to this option and surgery will be scheduled. The patient received a pre-operative instruction booklet and was advised to go over the instructions at home.

In the meantime, the patient was advised to continue physical therapy treatment consisting of heat, ultrasound, and active and passive range of motion and strengthening exercises of the injured joint. Rest, observation and elevation of the extremity were also recommended.

I have discussed the findings of this examination with the patient. The discussion included a complete verbal explanation of the examination results, diagnosis and planned treatment(s). The patient verbalized understanding of these instructions at this time. If any questions should arise after returning home, I have encouraged the patient to feel free to contact the office.

Respectfully,

..:

A handwritten signature in cursive script, reading "Sanford A. Wert MD".

Sanford Wert, MD

Sanford R. Wert, M.D., PC.
369 E149th street,
3rd Floor
Bronx, New York 10455
Telephone: 718-332-4747
Fax: 718-332-0414

Patient: [REDACTED]
DOB: [REDACTED]
Date of Accident: 11/3/2020

Date of Visit: 2/21/2023

ESTABLISHED PATIENT MODERATE VISIT

Intake Note: The patient presents today for follow-up evaluation of left shoulder injury sustained during an accident on 11/3/2020. The patient states she is still experiencing pain in the left shoulder, with no improvement of her symptoms. She states she is currently not in physical therapy and last attended on 09/2022.

Medication: Tylenol and Ibuprofen 800mg PRN

Physical Examination:

General: Pleasant, Awake and Alert. Follows commands and answers questions appropriately.

Left Shoulder: Range of Motion: With pain,
Flexion 130 degrees [normal-180], Abduction 115 degrees [normal-180],
Adduction 30 degrees [normal-30] Extension 55 degrees [normal -60]
internal rotation 50 degrees [normal-70], external rotation 80 degrees [normal-90]
Hawkin's Test positive.
Apprehension Sign negative.
Supraspinatus Test negative.
Subscapularis Test positive.
O'Brien's Test positive.
Impingement Test can't do, due to pain.
Rotator Cuff Test is negative.

Diagnosis:

1. SLAP tear, left shoulder.

Plan:

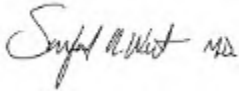
The patient was recommended to undergoing surgery of the **left shoulder** due to patient's present and ongoing symptomatology, positive objective findings on examination, and unfavorable response to conservative treatment. The options, benefits, and risks associated with this procedure were discussed in great detail with the patient.

Sanford R. Wert, M.D., PC.
369 E149th street,
3rd Floor
Bronx, New York 10455
Telephone: 718-332-4747
Fax: 718-332-0414

I have discussed the findings of this examination with the patient. The discussion included a complete verbal explanation of the examination results, diagnosis and planned treatment(s). The patient verbalized understanding of these instructions at this time. If any questions should arise after returning home, I have encouraged the patient to feel free to contact the office.

Respectfully,

Signature:

A handwritten signature in cursive script, appearing to read "Sanford R. Wert MD".

Sanford Wert, MD /JR